

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Hoffner	William	Doug	(916)	327-9064
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
801 K Street, Suite 2101		Sacramento	CA	95814
			OPTIONAL: FAX / E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Labor and Workforce Development Agency

Division, Board, District, if applicable:

Your Position:

Undersecretary

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

County of _____

City of _____

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: ____/____/____

Amendment
 Annual: The period covered is January 1, 2006, through December 31, 2006.

-or-

The period covered is ____/____/____, through December 31, 2006.

Leaving Office Date Left: ____/____/____
(Check one)

The period covered is January 1, 2006, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 2

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 1, 2007
(month, day, year)

Signature



SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

STREET ADDRESS OR PRECISE LOCATION
Vacant land in Kern County

CITY
APN # 212-271-06

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/06
 \$10,001 - \$100,000 ACQUIRED _____/_____/06
 \$100,001 - \$1,000,000 _____/_____/06
 Over \$1,000,000 2/14/07 DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/06
 \$10,001 - \$100,000 ACQUIRED _____/_____/06
 \$100,001 - \$1,000,000 _____/_____/06
 Over \$1,000,000 _____/_____/06

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER _____

INTEREST RATE TERM (Months/Years)
_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS _____

BUSINESS ACTIVITY OF LENDER _____

INTEREST RATE TERM (Months/Years)
_____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____



Certificate of Completion

This is to certify that

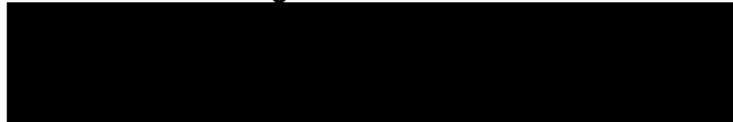
Doug Hoffner
of

Labor and Workforce Development Agency

successfully completed the mastery test (supervisory) in
Preventing Sexual Harassment
on February 28, 2007 with a score of 100%

Print this certificate (click Print under the File menu above) and sign it and send it to Labor and Workforce Development Agency's Human Resources Department.

I confirm that this certificate represents my test score in
Preventing Sexual Harassment



CONTINUE 

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If you have a suggestion, comment or criticism to make about the course, we would very much like to hear it. Your feedback is invaluable if we are to continue to make improvements to the course.

You can [email us](#) directly.

Your Certificate of Completion

Please click the next page button for your certificate. Place your cursor in each box on the certificate and type in the information requested. You can move from box to box by using the tab key. After you have typed in the information requested, you can print your certificate by pressing Ctrl+P.

If this Internet course is a part of your agency's ethics orientation as mandated by the law, you need to make sure that you are following your agency's procedures in completing this aspect of the orientation.

Ethics Orientation for State Officials Internet Course Certificate of Completion

I am aware of, and have attempted to comply with, the procedures established by my agency for making this Internet training a part of my agency's ethics orientation. I have carefully read all of the instructional materials that were provided in the interactive Internet course.

Certificate of Completion

- Name
- Agency
- Position
- Date course completed:

My signature on this certificate signifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.

Signature of Completion

- Signature
- Date:

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